

Apr. 29. 2014 11:00 AM

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OFF OF SOUTH CAROLINA

To: +18432123868

Fax: +18432123868

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250386
250387BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

2013-337-T

DOCKET

2009-419-T

NUMBER:

~~2009-419-T~~

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

RECEIVED

APR 29 2014

TRANS DEPT

(Please type or print)

Submitted by: Bernard J. Daley
Address: 2919 Alabama Dr.
Charleston, SC 29405

Telephone: (843) 437-2148

Fax: _____

Other: _____

Email: _____

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input checked="" type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

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CLASS C REINSTATEMENT FORM

File the original with:

Public Service Commission of South Carolina
Clerk's Office
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896-5100
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

DATE: _____

Please consider this an application for Reinstatement of my:

- ☒ Taxi Certificate Number 8189
☐ Charter Certificate Number _____
☐ Charter Bus Certificate Number _____
☐ Non-Emergency Certificate Number _____

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TRANS DEPT

My certificate was revoked/cancelled on 11/8/14 because Failed to pay
(DATE) decal fees.

I am seeking reinstatement because I want to start my business back
up and running.

Bernard Daley
(Name of Company)

DBA Bernard & Corrine Taxi Service
(If applicable)

2919 Alabama Dr.
(Street Address)

2919 Alabama Dr.
(Mailing Address if different from Street Address)

Charleston, SC 29405
(City, State, Zip Code)

Bernard J. Daley
(Signature)

(843) 4137-2148
(Telephone Number)

Bernard J. Daley
(Title) Owner, President, etc.